

PHARMACY COUNCIL



NOTIFICATION FOR CHANGE OF MANAGEMENT OF A PHARMACY
 (Made under regulation 17(1) Pharmacy (Pharmacy Practice and the Conduct of
 Business of Pharmacy) GN No. 267)

A TO BE COMPLETED BY THE SUPERINTENDENT AND OWNER

DETAILS OF THE PHARMACY

Name of the pharmacy... SOULZ PHARMACY.....
 Physical address:
 Street... MAJI CHUMVI..... Ward... TABATA.....
 District/Municipal... ILALA.....
 Region... DAR-ES-SALAAM.....

DETAILS OF SUPERINTENDENT

Name... NAIMA HASAN BURHANI.....
 Registration Number... 1152.....
 Phone... 0766-967878.....
 Address... 22370 DAR-ES-SALAAM.....

REASON(s) FOR CHANGE

..... PAYMENT FAILURE

TIME FRAME: (Notify Registrar the time frame as per Contract)

Signature... [Signature].....
 Date... 6/10/2025.....

OWNER REMARKS

..... Ethical and professional misconduct

Name... INNOCENT JULIUS KIROGE.....
 Phone Number... 0742036262.....
 Signature... [Signature].....
 Date... 07/10/2025.....

FOR OFFICE USE ONLY**INSPECTION/REGISTRATION DEPARTMENT OR ZONAL MANAGER**

Recommendations.....
 Name..... Designation..... Signature.....
 Date.....

B. TO BE COMPLETED BY THE OWNER ONLY**NEW SUPERINTENDENT**Name of Superintendent MWASUMA KHAMIS

Physical address:

Street M/MADAFUWard UKONGADistrict/Municipal KINONDONORegion DAR-ES-SALAAMContacts of previous Superintendent 0166-967878

Email of previous Superintendent

QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT (To be attached)

- (i) copies of registration certificate and valid license to practice
- (ii) Contract Agreement
- (iii) Commitment Letter

REASONS FOR CHANGING THE MANAGEMENT

Ethical and professional misconduct, damaging the
Credibility and moral authority of the office name and management.

C. FOR OFFICE USE ONLY**INSPECTION/REGISTRATION OR ZONAL**

Recommendations

Name Designation Signature

Date

NOTE;

Failure to acquire the services of another superintendent within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.



BARAZA LA FAMASI



FOMU YA KUKIRI KUTEKELEZA MAJUKUMU YA MWANATAALUMA WA DAWA
KWENYE MAJENGO YA KUTOLEA HUDUMA YA DAWA
(kutoka katika Kifungu No. 44 (1) (a) cha Sheria ya Famasi)

SEHEMU YA KWANZA: - TAARIFA ZA MWANATAALUMA

☒ MFAMASIA ☐ FUNDI DAWA SANIFU ☐ FUNDI DAWA MSAIDIZI ☐ PHARM. DISP

1. Jina la mwanataaluma Mwajuma Khamis KHAMIS PIN 0102520
2. Namba ya simu 0682 646464 barua pepe 20mwajuma@gmail.com
3. Tarehe ya mwisho kuhuisha jina (Retention)

4. Je, umehisha taarifa zako kwenye mfumo kupitia tovuti ya baraza la famasi?

([http://196.45.42.57/pcmis/data/view/modules/registration/pharmacist-](http://196.45.42.57/pcmis/data/view/modules/registration/pharmacist-signup.php)

[signup.php](http://196.45.42.57/pcmis/data/view/modules/registration/pharmacist-signup.php)) ☐ NDIYO, Stakabadhi Na. ☐ HAPANA

SEHEMU YA PILI: - KUKIRI KWA MWANATAALUMA:

Mimi Mwajuma Khamis mwenye
taaluma ya dawa ngazi ya Bachelor nakiri kwamba nitafanya
kazi yangu ya kitaaluma katika jengo la kutolea huduma ya dawa litwalo
Jouze FIN

Wilaya ya Lala Mkoani DSM lililopo katika
Sahihi AR Tarehe 31/7/2025

Uthibitisho wa Mfamasia wa Halmashauri

Nadhibitisha kwamba mwanataaluma tajwa ni miongoni/ si miongoni mwa
wanataaluma waliopo katika halmashauri ninayosimamia

Jina na Sahihi Dina Litta Tarehe 31/07/2025

Muhuri KNY:
DMO

SEHEMU YA TATU: - UTHIBITISHO WA MAKAZI:

Uthibitishwe na: Afisa Mtendaji

Jina la mtendaji (Kata) Ashura F. Bwatamu Kata ya UKONGA

Nadhibitisha kwamba Ndugu MWJUMA KHAMIS anaishi
langu mtaa/kijiji M/MADAFU kuanzia mwaka 2017

Sahihi Afisamtendaji

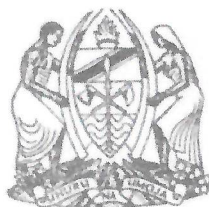
Tarehe

04/8/2025

Muhuri

Mtendaji

AFISA MTENDAJI WA
KATA YA UKONGA



00001112

THE UNITED REPUBLIC OF TANZANIA

THE PHARMACY COUNCIL

CERTIFICATE OF FULL REGISTRATION

(Section 20 of the Pharmacy Act, CAP. 311)



Full Name

M. Rajuma Khamis

I hereby certify that the following is a true extract from the entry in the Register relating to fully registered pharmacist details in respect of whom are set out below.

Registration PIN.	Date	Date of Birth	Nationality	Address	Qualification	Place and Date of Qualification
0102520	22nd April, 2021	October, 1976 15th	Tanzanian	P.O. Box 40923 Dar es Salaam	Bachelor of Pharmacy	Kampala International University in Tanzania 2019

Date

18th May 2021


 REGISTRAR

- NOTES: (1) This certificate affords immediate evidence of registration. In due course the name of the Pharmacist will be published in the list of registered Pharmacist published annually by the Council and reference should thereafter be made to the current Published list for evidence as to continue registration.
- (2) This Certificate is not an evidence of the identity of its holder of the named above and must not be used as such.

AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A PHARMACIST

This Agreement is made on this 07 day of 10 2025

BETWEEN

Joulz Pharmacy (Name) of P.O.BOX 24559 Region Dsm
(hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business.

AND

MWASUMA KHAMIS a registered pharmacist in charge who supervises a business of a pharmacist (hereinafter referred to as the **SUPERINTENDENT**).

WHEREAS the Proprietor wishes to establish and operate a business of a pharmacist which is a regulated business under the Act

WHEREAS in compliance with section 43 of the Act the Proprietor wishes to engage the professional services of a pharmacist to be in charge of his business,

WHEREAS the Superintendent is willing to offer professional services to the proprietor in lieu of remuneration for such services or such other terms and conditions as stipulated hereunder;

WHEREAS the proprietor and superintendent are desirous to enter into an agreement, to establish and operate a business of a pharmacist at the terms and conditions as hereinafter appearing;

WHEREAS the Parties agree to establish and operate a business of a pharmacist styled as Joulz Pharmacy.

AND NOW WHEREFORE THIS AGREEMENT WITNESSETH AS FOLLOWS;

1. Interpretation:

"Act" means the Pharmacy Act, Cap 311.

"Agreement" means the Agreement between the parties to establish and operate a business of Pharmacist.

"Business of pharmacy or pharmacist" includes professional pharmacy practice and any activity carried on by a person in relation to medicines, medical devices or herbal medicines;

"Pharmacy" means any approved premises wherein or from which any services pertaining to the practice of a pharmacist is provided, and shall include a community Pharmacy, consultant Pharmacy, institutional Pharmacy or wholesale Pharmacy.

"Proprietor" means an owner of Pharmacy and includes his assignees, agents or his legal representative.

"Superintendent" means a pharmacist in charge of the business of a pharmacist

"Pharmacist" means a person registered as such under section 16 of the Act.

"Transfer of ownership" means any disposition of ownership of the facility subject of this agreement to a third party either by way of sale, lease, or any other form, which has the effect of changing or transferring power of authority of owning of pharmacy to a third person during existence of its operation

2. Duration of Agreement

This Agreement shall be effective for a period of twelve (12) months, commencing from the 07 day of 10 20 25 to 07 day of 10 20 26

3. Commencement of Supervision

The superintendent shall commence management and supervision of the above named Pharmacy on the 07 day of 10 20 25

4. Obligation of the Parties:

4.1 The Proprietor:

The proprietor shall have the following duties and responsibilities; -

- 4.1.1 The **PROPRIETOR** shall pay Monthly salary/emoluments of TZS. 800,000/- payable monthly to the **SUPERINTENDENT** upon discharging his duties and functions as per this Agreement. At any event, the salary shall not be paid in advance.
- 4.1.2 The salary/emoluments shall be net of any applicable taxes and/or deductible employment benefits and shall be paid monthly and no later than the 1st day of the following month.
- 4.1.3 Comply with the Laws, Regulations, Guidelines and standards prescribed by the Pharmacy Council and other relevant authorities.
- 4.1.4 Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.1.5 Hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.
- 4.1.6 Apply adequate funds necessary to rehabilitating or modifying the present premises and maintaining the modern pharmacy practice.
- 4.1.7 Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- 4.1.8 Shall ensure pharmaceutical services are provided with due care.
- 4.1.9 Shall ensure all proper records are maintained and managed well.

- 4.1.10 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations.
- 4.1.11 Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the Superintendent.
- 4.1.12 Shall purchase and ensure availability of all necessary tools for pharmacy operations are in place, i.e Superintendent log book, PC logo, dispensing register, ledgers etc.
- 4.1.13 Shall not interfere with the performance of professional matters in the premises or cause non-performance of professional services in the pharmacy.
- 4.1.14 Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a superintendent.
- 4.1.15 Perform any other duty as the Council may determine from time to time.

4.2 The Superintendent;

At a salary or emolument stipulated in clause 4.1.1 of this Agreement, the Superintendent shall, with all commitment and professional diligence, take the necessary steps to establish and efficiently supervise the said pharmacy, dealing in Pharmaceuticals.

The superintendent shall have the following duties and obligations: -

- 4.2.1 Shall obtain from the Pharmacy Council and other appropriate authorities collect the requisite licenses, permits and authorization and keep the pharmacy within the standards and conditions as contained in any written law that regulate and control the business of a pharmacist.
- 4.2.2 Shall ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week. Full time pharmacist is more preferable.
- 4.2.3 Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- 4.2.4 Shall manage and undertake all technical and professional matters in the pharmacy.
- 4.2.5 Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day-to-day functions of the pharmacy abide to the law.
- 4.2.6 Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- 4.2.7 Shall provide pharmaceutical service with due care.

- 4.2.8 Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.
- 4.2.9 Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- 4.2.10 Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.
- 4.2.11 Shall ensure availability of all necessary tools for pharmacy operations are in place, i.e. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- 4.2.12 Must ensure whoever is on duty shall appear on a white coat and name tag on it.
- 4.2.13 Shall establish a well-organized management body of the pharmacy of which he supervises.
- 4.2.14 Shall ensure that all certificates (business permit, premises registration, copy of certificate of a Superintendent and any other certificates from other authorities are conspicuously displayed in the premises.
- 4.2.15 Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- 4.2.16 Shall perform any other duty as the Council may determine.

5. Termination

Unless otherwise terminated by either party, this Agreement shall be terminated upon expiry of the contract.

This agreement may be terminated by mutual agreement between both parties and or any party upon issuing a written notice of three (3) months to the other party of his intention to terminate this contract

The written notice shall be addressed to the other part and copy shall be submitted to the Registrar, Pharmacy Council for notification.

Notification of termination of the contract to the Registrar shall be accompanied with reasons of termination.

The Parties agree that the Council shall not be obligated to issue another notice of termination but a closure order as per the Act.

6. Dispute Settlement

- 6.1 In the event of dispute in connection with this agreement both parties will make every effort to resolve the matter amicably.

6.2 If amicable settlement becomes impossible, then, an aggrieved party may seek legal remedy.

6.3 Nothing in clause 6 (6.1) and (6.2) shall prevent the Proprietor or Superintended from initiating or proceeding to The Commission for the Mediation and Arbitration (CMA).

7. Costs

The Proprietor shall meet the cost of drawing up this Agreement.

8. The laws of Tanzania hereto shall govern the validity, construction and interpretation of this agreement and the rights and duties of the parties.

9. The Pharmacy Council will accept additional clauses but this Agreement is a generic contract for guidance only.

IN WITNESS WHEREOF the parties hereto have duly signed and sealed this presents on the date and in the manner herein after appearing.

Signed and delivered by the parties at this 07 day of 10, 20 25

SIGNED and DELIVERED

By the said INNOCENT JULIUS KIBOGA

Who is known to me personally/.....

Introduced to me by

.....the latter known to me personally
This 07 day of 10, 20 25

In the presence of:

Name: ANTONIA N. AGAPITI

Designation: ADVOCATE

Signature: Agapiti

Date: 07/10/2025



PROPRIETOR

SIGNED and DELIVERED

By the said MWASUMA KHAMIS

Who is known to me personally/.....

Introduced to me by

.....the latter known to me personally
This 07 day of 10, 20 25

In the presence of:

Name: ANTONIA N AGAPITI

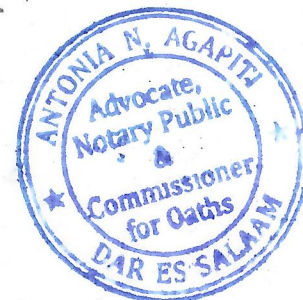
Designation: ADVOCATE

Signature: Agapiti

Date: 07/10/2025



SUPERINTENDENT



PHARMACY COUNCIL
(Made under regulation 4(1))



COMPLAINT FORM

To be filled by the complainant and submitted to the Office of the Registrar)

1. Personal Details:

Name: INNOCENT KIROGE

Address: TABATA

Phone number (s): 067601 6565

2. Are you the complainant? Yes ☒ No ☐

3. Are you complaining on someone else behalf? Yes ☐ No ☒

If 'Yes' what is your relationship to the someone behalf? NO

Wife ☐ Husband ☐ Son ☐ Daughter ☐ Sister ☐ Brother ☐ etc.

4. Details of the pharmaceutical personnel

Full name of each pharmaceutical personnel you are complaining about

The address of each pharmaceutical personnel work at (if you know) or the address where you were attended.

..... NAIMA HASSAN BURDANI (1152) Contacts-0766 967 878

..... NB: the attached document is a letter which stated I could

..... Continue open starting on that date of the letter.



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



In reply please quote:

Ref. No.BC.43/311/01G/132

04thSeptember, 2025

Director,
Joulz Pharmacy,
Dar es Salaam.

**Re: APPLICATION FOR REGISTRATION OF PREMISES AND PERMIT TO RUN
A BUSINESS OF A PHARMACIST**

The heading above is concerned.

2. I wish to inform you that, your application for registration of the premises located at Kisukuru Street, Tabata ward, Ilala in Dar es salaam region to conduct a **Retail Business of a Pharmacist** has been approved as per Section 37 (1)(a) of the Pharmacy Act, Cap. 311.
3. You are hereby directed to comply with the stipulated conditions as follows: -
 - (i) Apart from having a pharmacist as a superintendent, you shall also be required to secure the services of a full-time pharmaceutical technician or pharmaceutical assistant or pharmaceutical dispenser.
 - (ii) In addition to (i) above, you shall be obliged to acquire the following documents;
 - a) Pharmacy Act, 2011, Pharmacy Practice Regulations, 2020 and Pharmacy Prescription Handling and Control Regulations, 2020 (available at www.pc.go.tz);
 - b) Standard Treatment Guidelines and National Essential Medicine List of 2021 (available at www.moh.go.tz);
 - c) The Tanzania Food, Drug and Cosmetics (Scheduling of Medicines Regulations) of 2015 (available at www.tmda.go.tz);
 - d) Pharmacist Duty Business Register; and
 - e) Pharmacy Logo to be displayed at the entrance of the pharmacy.
4. Your premises registration certificate and business permit shall be issued to superintendent pharmacist upon fulfillment of the above stipulated conditions.
5. This letter does not represent either the Premises Registration Certificate or a Business Permit.
6. I anticipate your cooperation in this matter.


Boniface M. Magige
REGISTRAR

Copy: Pharmacy Council, Zonal Coordinator – Eastern Zone
TMDA – Zone Manager- Eastern Zone